



**LOS ANGELES COUNTY PAYROLL  
DEDUCTION AUTHORIZATION  
& H.E.L.P. MEMBERSHIP  
APPLICATION**

<b>EMPLOYEE (LAST, FIRST, M.I.)</b>		SPOUSE (LAST, FIRST, M.I.)		<b>PREMIUM</b>	
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>ZIP CODE</b>	<b>MEMBERSHIP DUES</b>	\$ 4.48
WORK PHONE NUMBER		MOBILE PHONE			
WORK EMAIL		<b>EMAIL ADDRESS</b>			
<b>EMPLOYEE NUMBER</b>	DEPARTMENT NO.	DATE OF HIRE	EMPLOYEE DOB		
CURRENT DEDUCTION	NEW DEDUCTION	DEDUCTION FREQUENCY ___ BI-WEEKLY ___ SEMI-MONTHLY ___ MONTHLY			
LOCATION NO.		<b>DEDUCTION SHALL BEGIN ON:</b>			
NOTES:				<b>TOTAL</b>	\$ 4.48

<b>Deduction Agency Name</b>			<b>Deduction Code</b>		
<b>H.E.L.P. (Helping Employees Learn Prosperity)</b>			<b>E0124</b>		

**SPECIAL TERMS AND CONDITIONS**

**DEDUCTION CHANGES:** I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF THE LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES. THE AMOUNT SHOWN HEREIN AND TO PAY SAME TO:

IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME TO TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION CHARTER BYLAWS, OR OTHER APPLICABLE REQUIREMENTS.

THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THE PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY MY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR HIS AGENTS OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.

**CHANGES IN AMOUNTS:** I HEREBY AUTHORIZE MY EMPLOYER TO CHANGE THE AMOUNT OF THE DEDUCTION AUTHORIZED BY THIS PAYROLL DEDUCTION AND CHANGE AUTHORIZATION FORM WITHOUT ANY FURTHER NOTICE FROM ME IF NOTIFIED BY H.E.L.P. THAT I HAVE AGREED TO A CHANGE IN A PREMIUM AMOUNT FOR A POLICY COVERED HEREIN OR IF A POLICY COVERED HEREIN IS NOT ELIGIBLE FOR ISSUE. FURTHER, I WILL NOT HOLD H.E.L.P. OR LA COUNTY LIABLE FOR ANY DAMAGES WHICH RESULTS FROM SUCH AUTHORIZED CHANGES.

**FEDERAL LAW:** P.L-93-579 SECTION 7 RE: FEDERAL PRIVACY ACT AND USE OF SOCIAL SECURITY Nos. THIS LAW REQUIRES YOU BE INFORMED WHEN ASKED FOR YOUR SOCIAL SECURITY NUMBER, THAT IT MUST BE PROVIDED FOR USE IN EMPLOYMENT, PERSONAL AND PAYROLL PROCESSES. AUTHORITY FOR REQUIRING PRIOR TO JANUARY 1, 1975 AND APPLICABLE FEDERAL LAW.

<b>HELP REPRESENTATIVE SIGNATURE</b>	<b>DATE</b>	<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
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**DISCLAIMER OF ENDORSEMENT**

**NON-COUNTY OF LOS ANGELES SPONSORED OR ENDORSED**

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